

Name in Full		Eppie H. Armstrong				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Bel Air		Harford		MARYLAND	
	Date of death	1908	Jan	30	Age	14	Months
	Sex	Female		Color or Race	Black	Birth-place	Ind
	Occupation	Nurse		Where Residing if not at place of death		Bel Air	
	Married Single or Widowed	Single					
	Father's Name	Lewis Armstrong				Father's Birthplace	Ind
	Mother's Maiden Name	Jennie H. Armstrong				Mother's Birthplace	Ind
Name of person giving information	Jennie Armstrong				How related to deceased	Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Acute Meningitis				How long	5 days
	Immediate	Doxaemia				How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
	Accident or Suicide?				per Nellie Syc Sappington		

Jan 30 1908

Mountain

Name  
in  
Full

Francis Bradley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Fallston* <sup>Town</sup> *Harford* <sup>County</sup> **MARYLAND**

Date of death *1908* <sup>Month</sup> *January* <sup>Day</sup> *2* <sup>Years</sup> *Age* *Months* *Days*

Sex *Male* Color or Race *White* Birth-place *Fallston*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed

Name of Wife or Husband

Father's Name

*Andrew J. Bradley*

Father's Birthplace

*Fallston*

Mother's Maiden Name

*Mary C. Lowmley*

Mother's Birthplace

*Harford Co*

Name of person giving Information

*Andrew J. Bradley*

How related to deceased

*Father*

## CAUSES OF DEATH

S

PHYSICIAN  
OR CORONER

Primary

*Still born*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

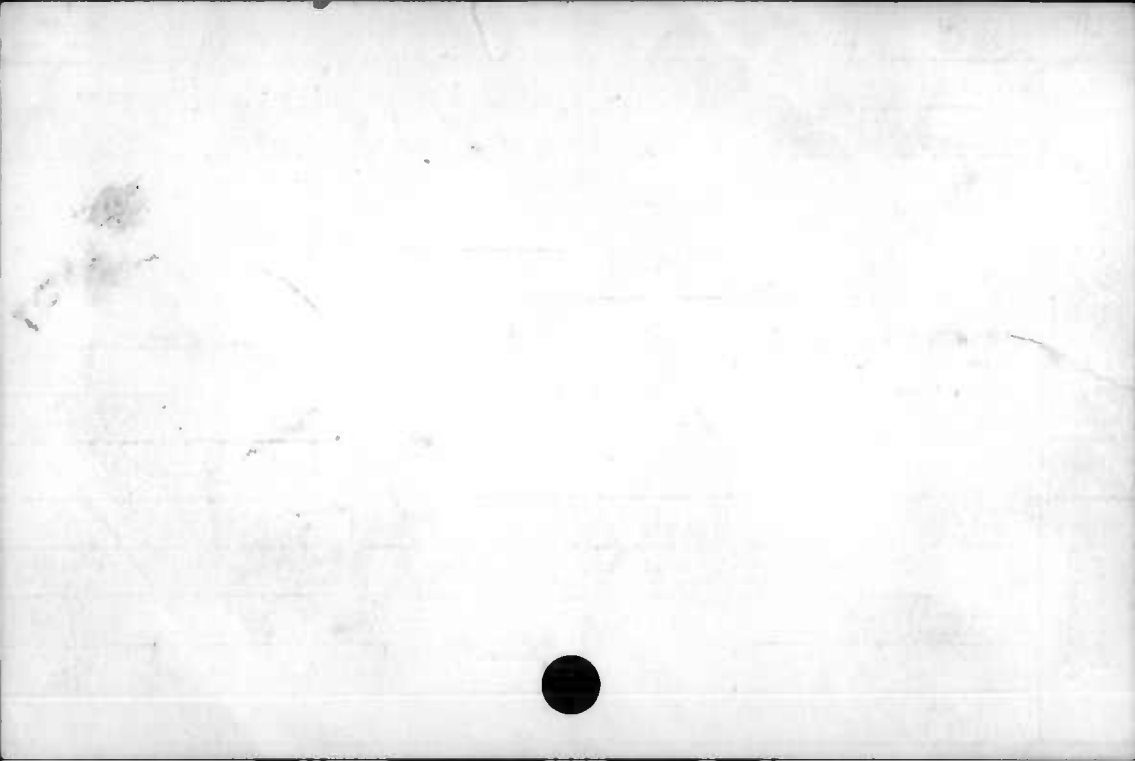
*Geo. W. Davis M.D.*

Address

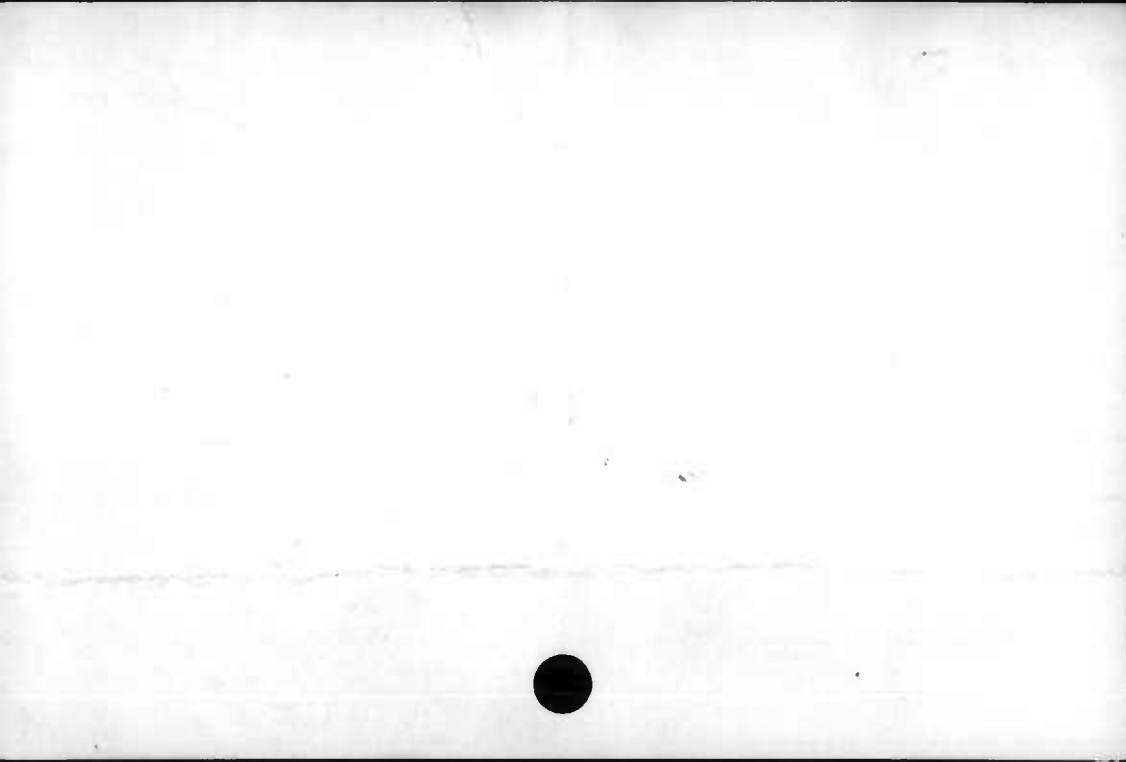
*Pleasantville*

Accident or Suicide?

*No*



Name in Full		Mary E. Bradley				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Fallston		Harford		MARYLAND	
	Date of death		1908 Jan		Age 33		Months 11 Days 18	
	Sex		Female		Color or Race		White	
	Occupation		Housewife		Birth-place		Harford Co	
	Where Residing if not at place of death							
	Married, Single or Widowed		Married		Name of Wife or Husband		Andrew J. Bradley	
	Father's Name		Samuel A. Townsley		Father's Birthplace		Harford Co	
PHYSICIAN OR CORONER	Mother's Maiden Name		Margaret A. Hutchinson		Mother's Birthplace		Baltimore Md	
	Name of person giving information		Martha Gunther		How related to deceased		Sister	
	CAUSES OF DEATH							137
	Primary		Childbirth				How long 7 days	
	Immediate		Peritonitis				How long 4 "	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Geo. W. Davis M.D.		
				Address		Pleasantville Md		
Accident or Suicide?		9						



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

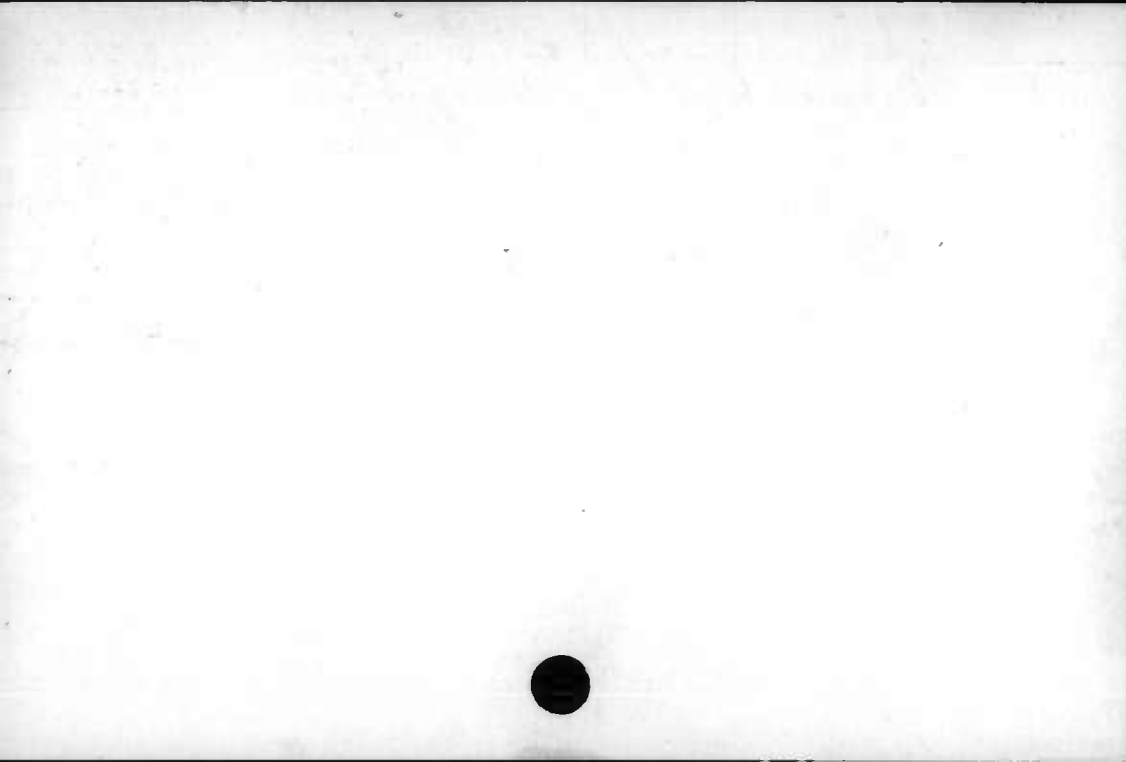
Name in Full <i>Wash R. Bull</i>		Town <i>Chestnut Hill</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Chestnut Hill</i>		Month <i>Jan</i>		Day <i>31</i>		Age <i>82</i>	
Date of death <i>1908</i>		Months		Years		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Chestnut Hill</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Ann Bull</i>					
Father's Name <i>John Bull</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Eliza Ryland</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>James H. England</i>		How related to deceased <i>Son in Law</i>					

## CAUSES OF DEATH

154

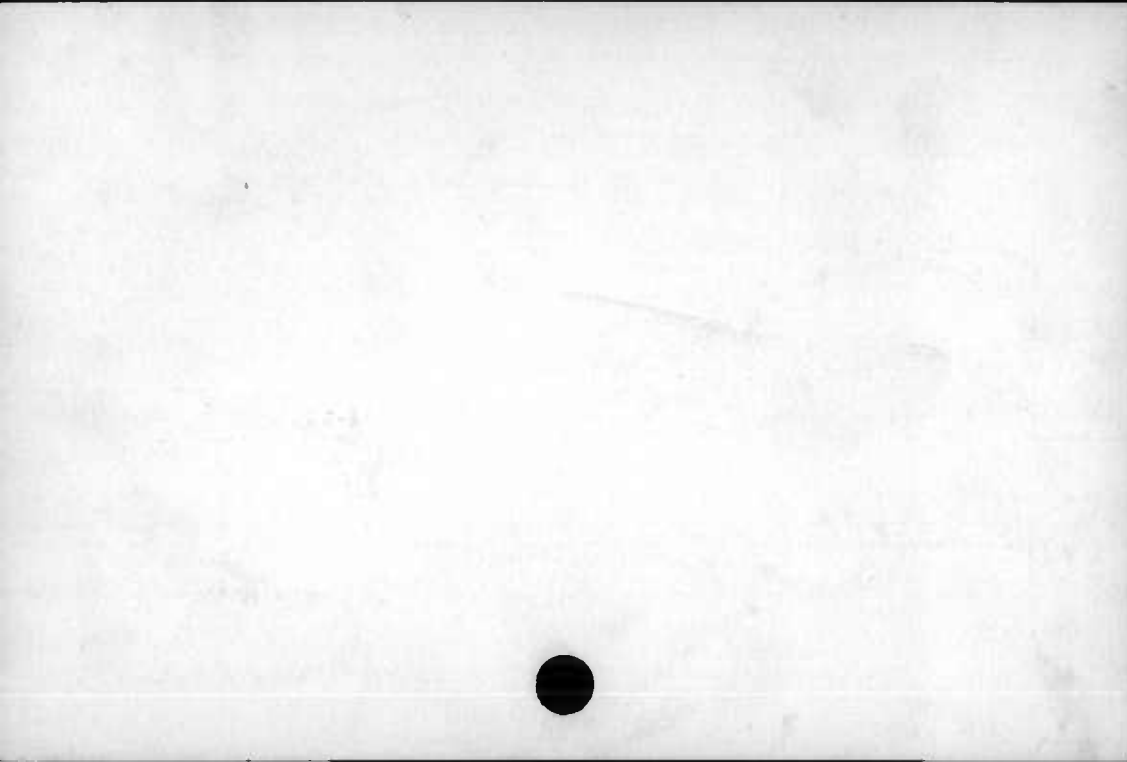
PHYSICIAN  
OR CORONER

Primary <i>Old Age</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F. Lee Hughes</i>	
		Address <i>Chestnut Hill</i>	
Accident or Suicide?		<i>Ind.</i>	





Name in Full <b>Warden Campbell</b>		CERTIFICATE OF DEATH	
Died at <b>Chrome Hill</b> Town <b>Harford</b> County		MARYLAND	
Date of death <b>1908</b> Month <b>Jan</b> Day <b>20</b> 11 PM Age <b>19</b> Year <b>19</b>		Months <b>5</b> Days <b>20</b>	
Sex <b>Male</b> Color or Race <b>White</b>		Birth-place <b>Harford Co Md</b>	
Occupation <b>Laborer</b>		Where Residing If not at place of death	
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband	
Father's Name <b>Levi B Campbell</b>		Father's Birthplace <b>Maryland</b>	
Mother's Maiden Name <b>Elizabeth H Amos</b>		Mother's Birthplace <b>" "</b>	
Name of person giving information <b>L B Campbell</b>		How related to deceased <b>Father</b>	
CAUSES OF DEATH		<b>166</b>	
		How long	
Primary		How long	
Immediate <b>Gun shot wound of head.</b>		How long	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>O. H. M. C. N. Emar</b>	
		Address <b>Jarrettsville Md.</b>	
Accident or Suicide? <b>Accident</b>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Unnamed <sup>Town</sup> *Federal Hill* <sup>County</sup> *Harford*

MARYLAND

Died at *Federal Hill* Date of death *1908* <sup>Month</sup> *Jan* <sup>Day</sup> *22nd* <sup>Age</sup> *22* <sup>Years</sup> *2* <sup>Months</sup> *0* <sup>Days</sup> *0*

Sex *male* Color or Race *colored* Birth-place *Federal Hill*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *Jesse Carey* Father's Birthplace *Va*

Mother's Maiden Name *Mollie Holland* Mother's Birthplace *Ind -*

Name of person giving information *Jesse Carey* How related to deceased *Father*

## CAUSES OF DEATH

**(S)**

PHYSICIAN  
OR CORONER

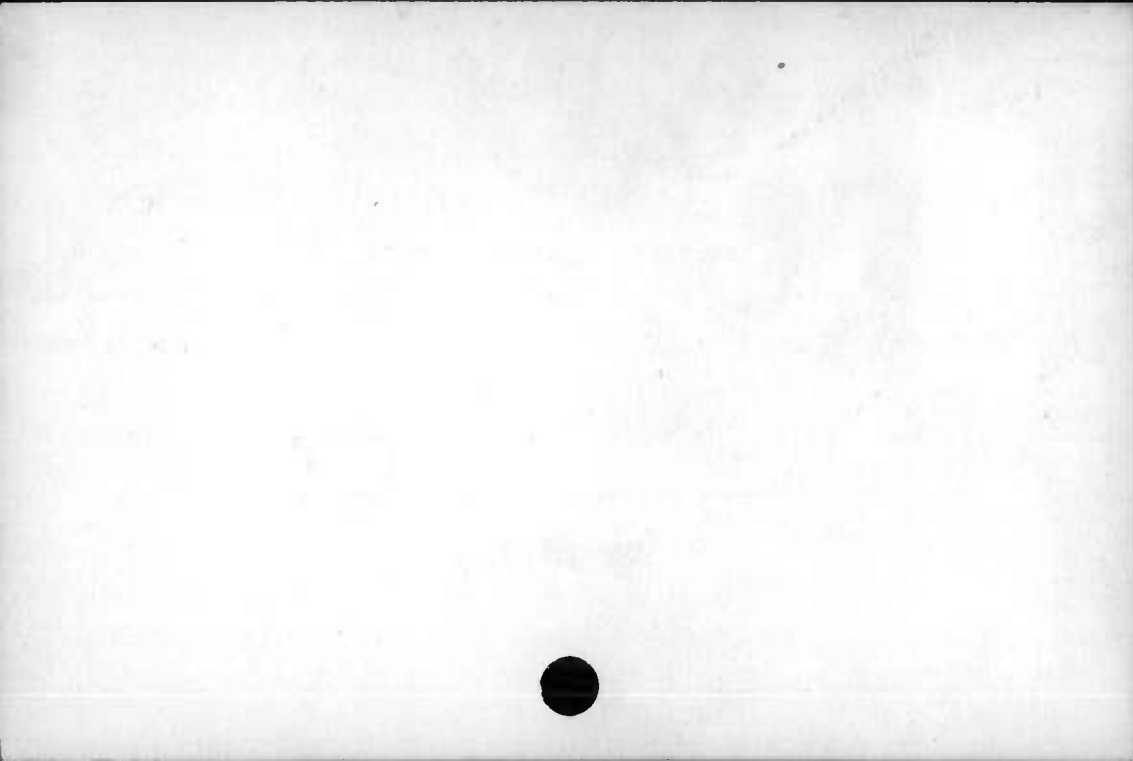
Primary *Still born* How long \_\_\_\_\_

Immediate *Inanition* How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *O. J. McNew*

Address *Janetville Md*

Accident or Suicide? *Q*



Name  
in  
Full

Fannie B. Chapman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

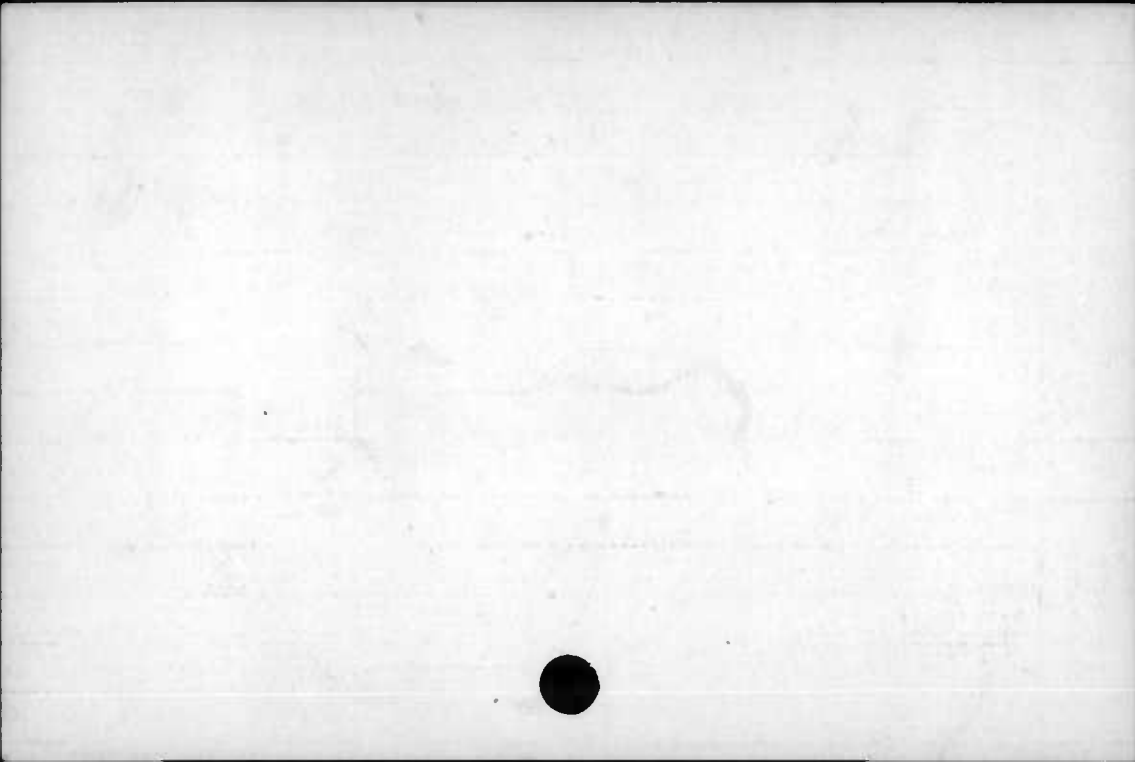
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Jan	5	52	8	14	
Sex	Female		Color or Race	White		Birthplace	Maryland
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of wife or Husband	Pearson Chapman			
Father's Name	Jacob J. Michael				Father's Birthplace	Maryland	
Mother's Maiden Name	Susan Kimble				Mother's Birthplace	Maryland	
Name of person giving information	Charles W. Michael				How related to deceased	Brother	

## CAUSES OF DEATH

43

PHYSICIAN  
OR CORONER

Primary	Cancer Breast	How long	10 mo.
Immediate	Cancer of liver	How long	3 mo.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. H. Kennedy	
		Address	
		Abraham Rd	
Accident or Suicide?			



Name

In Full

Matilda Christy

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bel Air</u> <sup>Town</sup>		<u>Harpford</u> <sup>County</sup>		MARYLAND	
Date of death <u>190</u> <u>1</u> <sup>Month</sup> <u>Jan</u> <sup>Day</sup>		Age <u>44</u> <sup>Years</sup>		<u>—</u> <sup>Months</sup> <u>—</u> <sup>Days</sup>	
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Ind.</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Bel Air</u>				
Married, <u>Single</u> or <u>Widowed</u>	Name of Wife or Husband <u>John Christy</u>				
Father's Name <u>John W. Brown</u>	Father's Birthplace <u>Ind.</u>				
Mother's Maiden Name <u>Mary A. Smith</u>	Mother's Birthplace <u>Ind.</u>				
Name of person giving information <u>Margaret Christy</u>	How related to deceased <u>Daughter</u>				
CAUSES OF DEATH <u>74</u>					

PHYSICIAN  
OR CORONER

Primary <u>Inter Cranial Growth</u>	How long <u>7 mos.</u>
Immediate <u>Analysis of degeneration</u>	<u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Amelia D. Applegate</u>
<u>J</u>	Address <u>Bel Air</u>
Accident or Suicide? <u>—</u>	

Asbury

Jan 8 1908



Name  
in  
Full

Barrie Smith Cronin

## CERTIFICATE OF DEATH

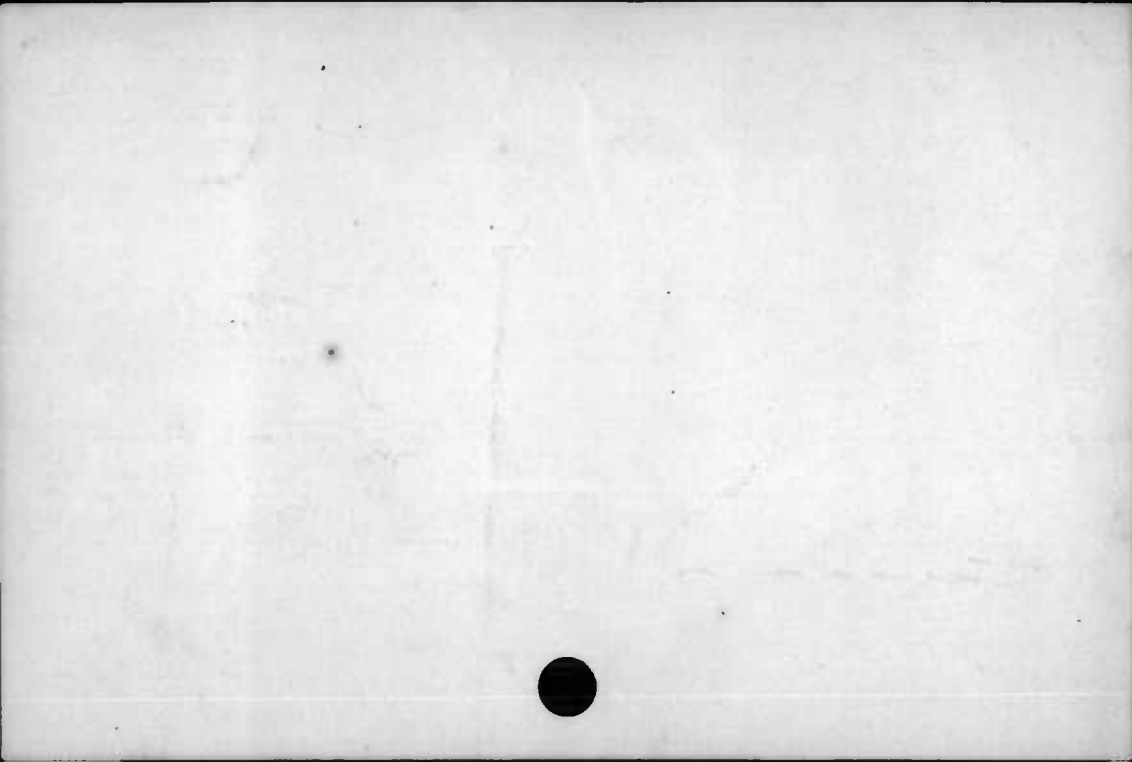
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Abingdon		County Harford		MARYLAND	
Date of death		1908	Month January	Day 7th	Age 22	Years 5	Months 14
Sex Female		Color or Race White		Birth- place Aberdeen			
Occupation none		<del>Where Resulting if not at place of death</del>		just there			
Married, Single or Widowed Single		Name of Wife or Husband none					
Father's Name Cyrus G. Cronin		Father's Birthplace Aberdeen Md					
Mother's Maiden Name Lallie Smith		Mother's Birthplace Churchville					
Name of person giving In formation				How related to deceased			

## CAUSES OF DEATH

27

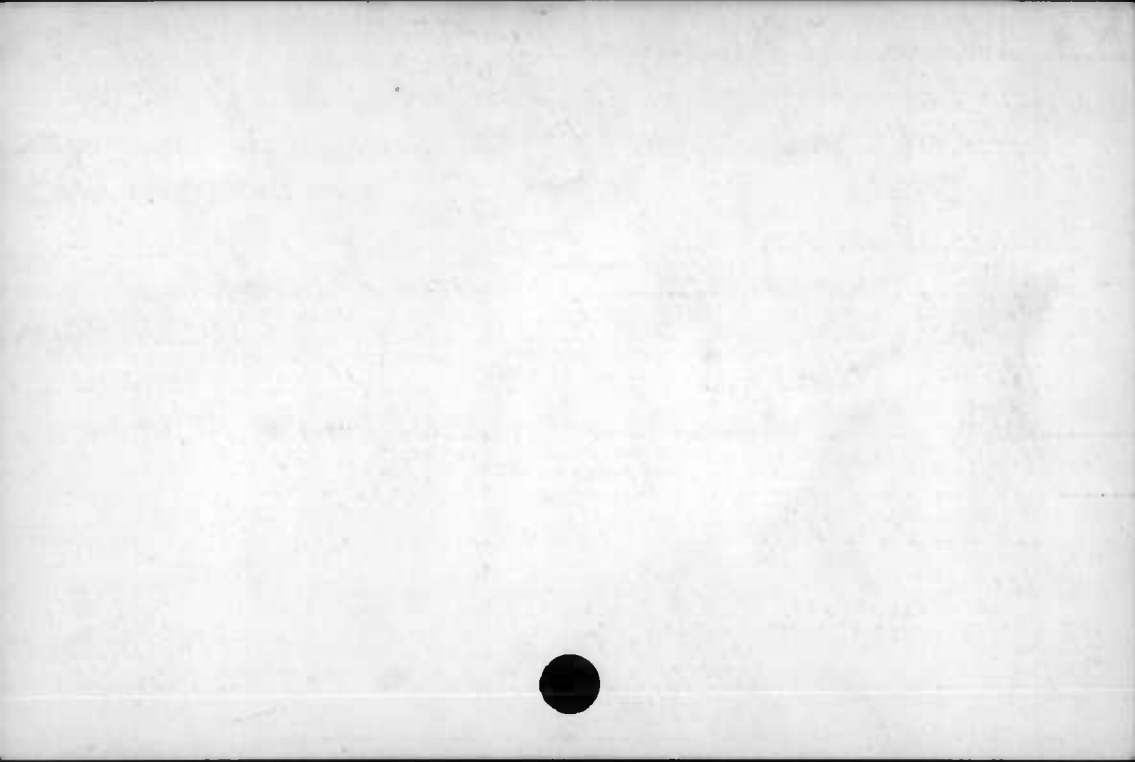
Primary	Tuberculosis	How long	2 years
Immediate	Thrombus Cardiac	How long	6-8 hrs - formant
Are the name, age, sex, color, date and place correctly given above? I believe		Signature of Physician R. F. W. Oppermann.	
		Address Abingdon - Md	
Accident or Suicide?			



Name in Full		Mollie May Bullum				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Perryman		Harford			
Date of death		1908	Month	1	Day	2	Age
							Years
							Months
							Days
Sex		Female		Color or Race		white	
Occupation				Birth-place		Perryman	
				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		Samuel Bullum		Father's Birthplace		Harford, Penna.	
Mother's Maiden Name		F. S. Gray		Mother's Birthplace		Virginia	
Name of person giving information		Samuel Bullum		How related to deceased		Father	
				CAUSES OF DEATH		(105)	
Primary		Tachycardia		How long		48 hours	
Immediate		✓		How long		✓	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		A. G. Kennedy	
				Address		Annapolis, Md.	
Accident or Suicide?							

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name in Full		George J. Drechelev				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Harrods Grace		Harford		County	
	Date of death		1908	Month Jan.	Day 14	Age 31	Months 6	
	Sex		Male		Color or Race		White	
	Occupation		Bartender		Birth-place		Harrods Grace	
	Where Residing if not at place of death							
	Married, Single or Widowed		Married		Name of Wife -			
	Father's Name		Jacob Drechelev		Father's Birthplace			
Mother's Maiden Name		Margaret Donovan		Mother's Birthplace				
Name of person giving information		Mamie Drechelev		How related to deceased			Wife	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Heart disease		How long			Don't know
	Immediate		Congestion of lungs		How long			2 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			R. H. Smith
					Address			Harrods Grace
	Accident or Suicide?							No



Name  
in  
Full

Robert B. Howard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

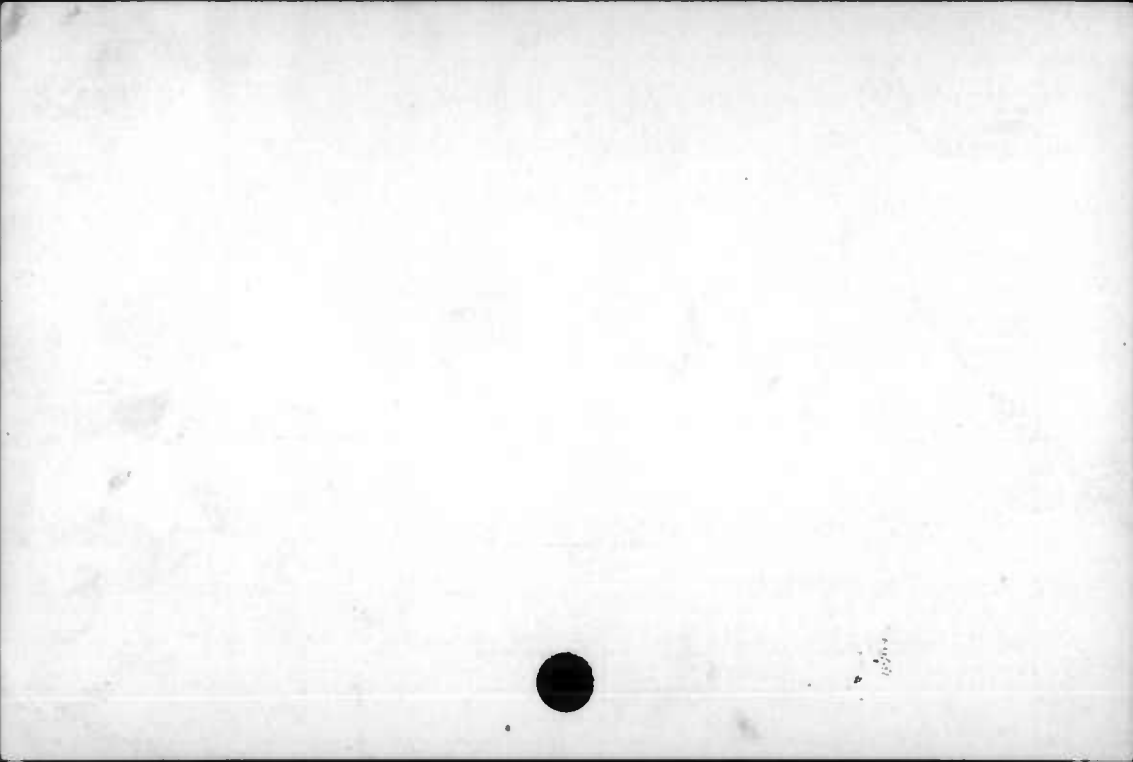
Died at <i>Vale</i> Town		County <i>Harford</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Jan</i>	Day <i>30</i>	Age <i>76</i>	Years <i>76</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Harford Co.,</i>		
Occupation <i>Carpenter</i>	Where Residing if not at place of death <i>Vale Md.,</i>				
<del>Married</del> Or Widowed <i>er</i>	Name of Wife or Husband <i>Mary E. Howard</i>				
Father's Name <i>John C. Howard</i>	Father's Birthplace <i>Harford Co.,</i>				
Mother's Maiden Name <i>Hannah Warner</i>	Mother's Birthplace <i>Pennsylvania</i>				
Name of person giving information <i>Cather Katie, House</i>	How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Mitral Insuff</i>	How long <i>Several months</i>
Immediate <i>Heart failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. A. Hollingsworth</i>
	Address <i>Bre air road</i>
<del>Accident or Suicide?</del>	





Name  
in  
Full

Frank Fungerson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> near Michaelville<sup>County</sup> Haywood

Date

of death 1908

Month

Jan

Day

9

Years

34

Age

Months

Days

Sex

Male

Color or  
Race

Black

Birth-  
place

Md

Occupation

Laborer

Where Residing if not  
at place of deathMarried, Single,  
or Widowed

Married

Name of Wife or  
Husband

Nesher Fungerson

Father's  
Name

Jackson

Father's  
Birthplace

Md

Mother's  
Maiden Name

Mary Bosdley

Mother's  
Birthplace

Md

Name of person giving  
information

W. J. Blatney

How related  
to deceased

No Relation

## CAUSES OF DEATH

121

Primary

Nephritis &amp; Abscess

How long

4 Mos

Immediate

Anemia

How long

Are the name, age, sex, color, date  
and place correctly given above?

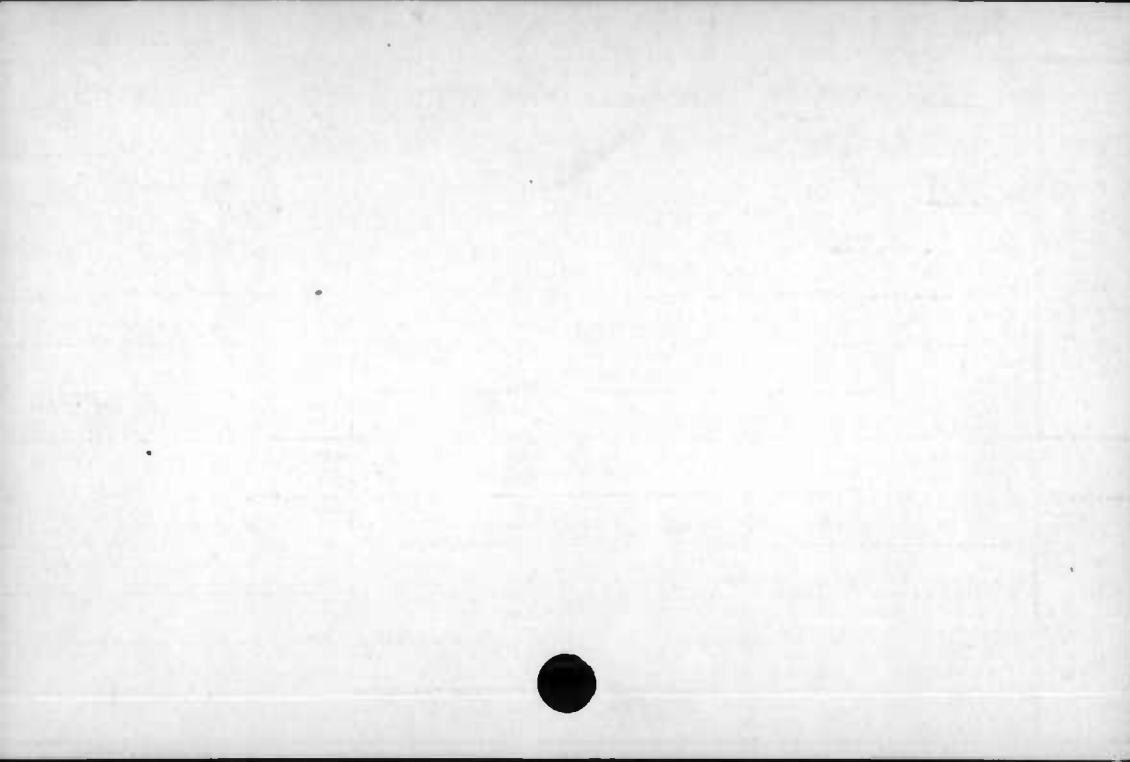
yes

Signature of  
Physician

Address

J. H. Stier  
Perryman  
Md

Accident or Suicide?



Name  
in  
Full

Mildred Galloway

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

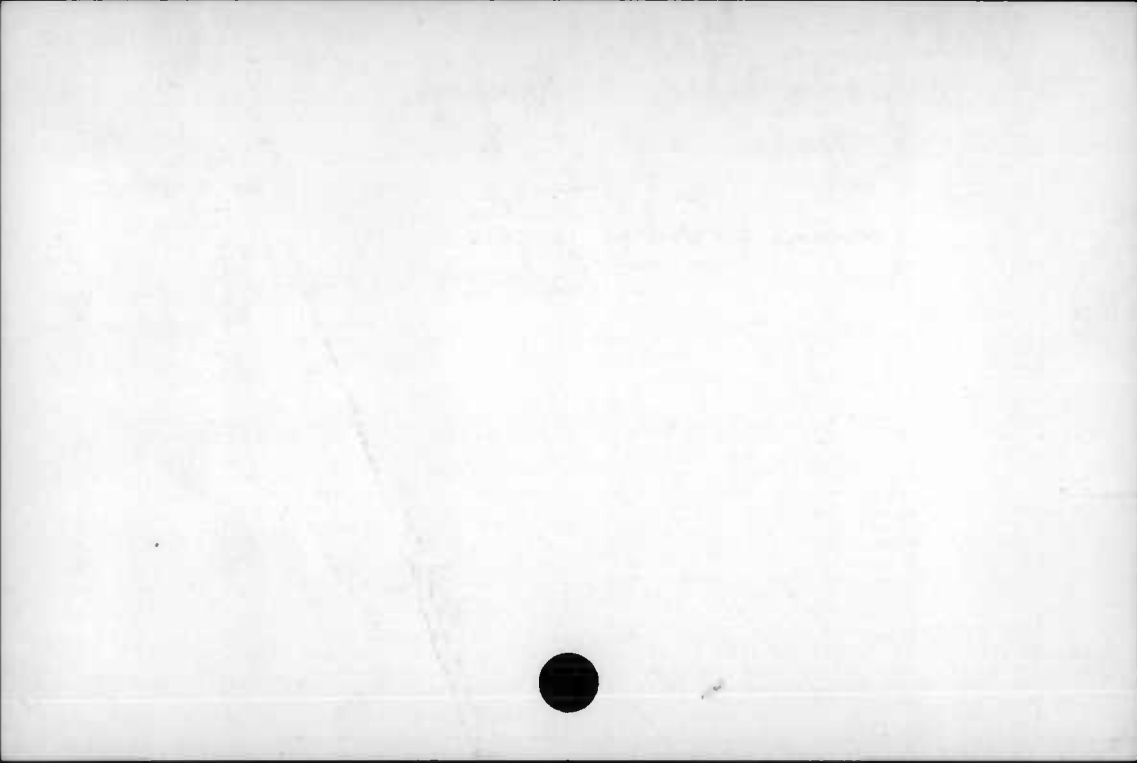
Died at <b>Harre de Grace</b>		County <b>Harford</b>		MARYLAND	
Date of death <b>1908</b>	Month <b>Jan.</b>	Day <b>26</b>	Age <b>-</b>	Months <b>1</b>	Days <b>-</b>
Sex <b>Female</b>	Color or Race <b>Black</b>		Birth-place <b>Harre de Grace</b>		
Occupation <b>Infant</b>			Where Residing if not at place of death " " "		
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>None</b>			
Father's Name <b>Walter Galloway</b>			Father's Birthplace <b>Harre de Grace</b>		
Mother's Maiden Name <b>Harriet Galloway</b>			Mother's Birthplace " " "		
Name of person giving information " "			How related to deceased <b>Mother</b>		

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <b>Marasmus</b>	How long <b>since birth</b>
Immediate <b>"</b>	How long <b>"</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>J. Woodward</b>
	Address <b>Harre de Grace</b>
Accident or Suicide? <b>No</b>	<b>Ind</b>



Name  
in  
Full

Catherine Gallup

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Harrods Grace <sup>Town</sup> Harford <sup>County</sup>

Date of death 1908 <sup>Month</sup> Jan. <sup>Day</sup> 28 <sup>Years</sup> 87 <sup>Months</sup> 6 <sup>Days</sup> -

Sex Female Color or Race White Birth-place Baltimore

Occupation House work Where Residing if not at place of death - - - - -

Married, Single or Widowed Widow Name of ~~Wife~~ <sup>Husband</sup> Edward Gallup

Father's Name Henry James Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information Charles Gallup How related to deceased Son

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary Age How long

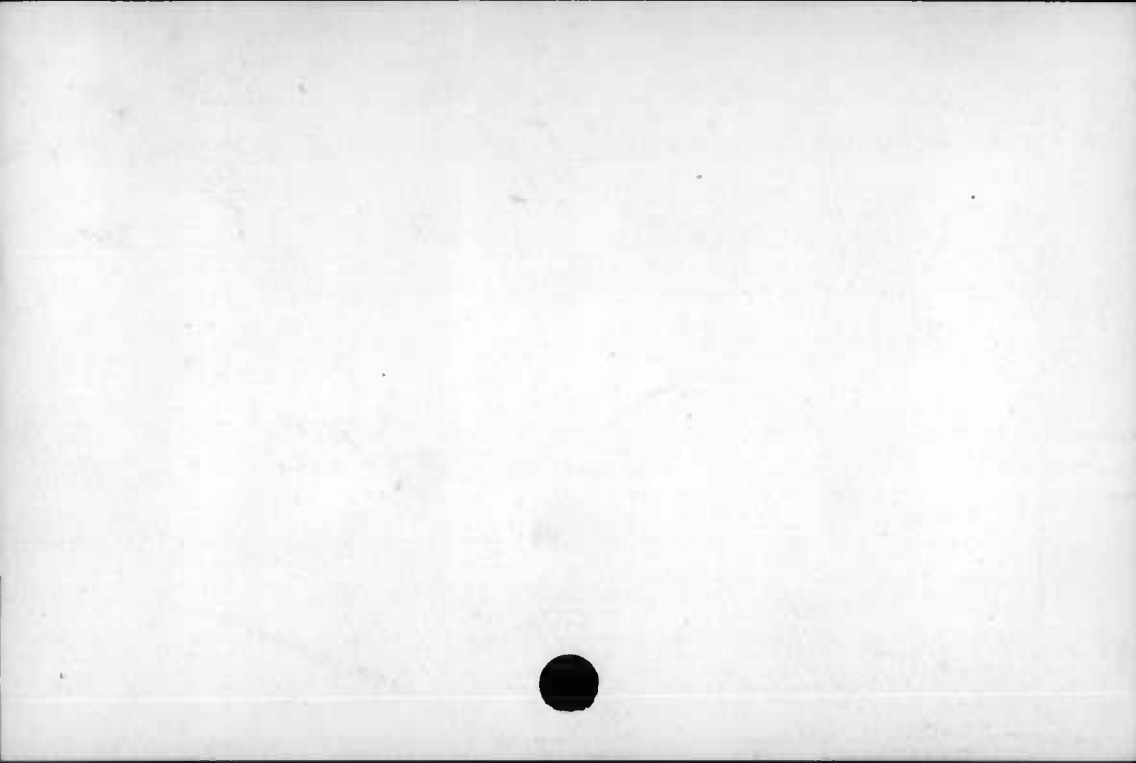
Immediate Apoplexy Cerebral 2 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician R. W. Smith

Address Harrods Grace

Accident or Suicide? No



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

~~Unrecorded Infant~~ *Harris*

Died at *Hdelt Grace* <sup>Town</sup> *Harford* <sup>County</sup> MARYLAND

Date of death *1908* <sup>Year</sup> *Jan* <sup>Month</sup> *3* <sup>Day</sup> Age *1* <sup>Years</sup> *1* <sup>Months</sup> *1* <sup>Days</sup>

Sex *Female* Color or Race *Col* Birth-place *Ind*

Occupation *Infant* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *John Harris* Father's Birthplace *Ind*

Mother's Maiden Name *Christine Gibson* Mother's Birthplace *Ind*

Name of person giving information *Christine Gibson* How related to deceased *Mother*

CAUSES OF DEATH

*151*

PHYSICIAN  
OR CORONER

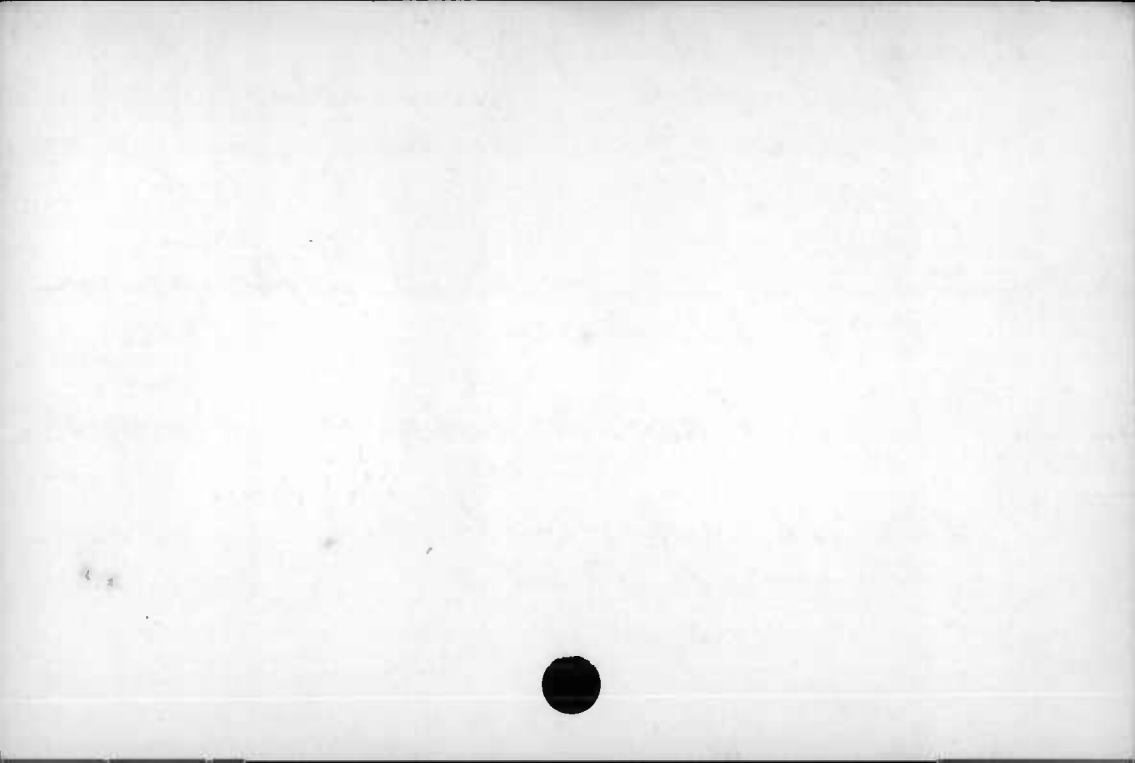
Primary *Premature birth* How long *—*

Immediate *Yes* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Woodward*

Address *Harford*

Accident or Suicide? *—*





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Bel Air</i>		County <i>Harpard</i>		MARYLAND	
Date of death	190	Month	<i>June</i>	Day	<i>3</i>	Age	<i>62</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Ind.</i>
Occupation	<i>Home wife</i>		Where Residing if not at place of death		<i>Bel Air</i>		
Married, <del>Single</del> or Widowed			Name of Wife or Husband	<i>Joseph M. Herman</i>			
Father's Name	<i>Wm. Wann</i>				Father's Birthplace	<i>Ind.</i>	
Mother's Maiden Name	<i>Mary Morris</i>				Mother's Birthplace	<i>Ind.</i>	
Name of person giving information	<i>Dora Reynolds</i>				How related to deceased	<i>Daughter</i>	

## CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary	<i>Cataract of Stomach</i>	How long	<i>10 yrs</i>
Immediate	<i>Bronchitis Acute</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>F. P. Smithson</i>
		Address	<i>Forest Hill 2nd</i>
Accident or Suicide?			

Rock Spring  
Jan 7 1908

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Henry Stump Hilton

Died at

Gravelly Hill

Town

County

Harford

Date

of death 1908

Month

Jan

Day

28

Age

Years

77

Months

11

Days

13

Sex

Male

Color or  
Race

Colored

Birth-  
place

Maryland

Occupation

farmer

Where Residing if not  
at place of death

Gravelly Hill

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Eliza Stansbury

Father's  
Name

Isaac Hilton

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Harriet Gorden

Mother's  
Birthplace

Md.

Name of person giving  
Information

Eliza Hilton

How related  
to deceased

Wife

## CAUSES OF DEATH

120

Primary

Nephritis

How long

several months

Immediate

Dropsy &amp; Heart comp.

How long

" "

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

J L Hopkins

Address

Havre de Grace

Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bel Air</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>30</i>	Age <i>59</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>Bel Air</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Johnna Hooker</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Hannah W. Collette</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Kate M. Hooker</i>			How related to deceased <i>Sister</i>		

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <i>Senile decay -</i>	How long <i>years -</i>
Immediate <i>Exhaustion - malnutrition - syncope</i>	How long <i>Several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>A. F. Van Bibber</i>
	Address <i>Bel Air</i>
Accident or Suicide? <i>No</i>	<i>Ind.</i>

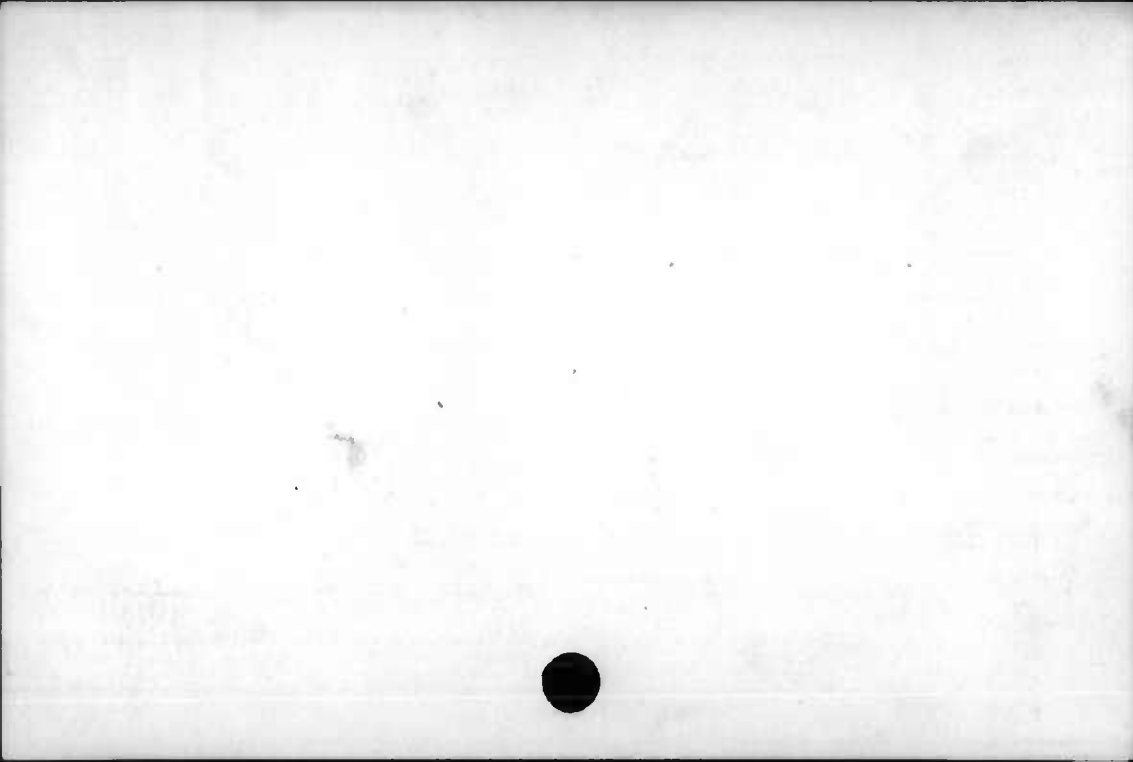
Frederick

Name in Full		Morris L Hooper				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Perryman</u> Town		County <u>Harford</u>		MARYLAND	
		Date of death <u>1908</u>	Month <u>Jan.</u>	Day <u>9</u>	Age <u>40</u>	Months <u>11</u>	Days
		Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u> Cecil Co,</u>			
		Occupation <u>Farmer</u>	Where Residing if not at place of death				
		Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Lillie B. Hooper</u>				
		Father's Name <u>Colman Hooper</u>	Father's Birthplace <u>Pennsylvania</u>				
Mother's Maiden Name <u>Martha Stone</u>	Mother's Birthplace <u>"</u>						
Name of person giving information <u>Lillie B. Hooper</u>	How related to deceased <u>Wife</u>						
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="display: flex; justify-content: space-between;"> <div> <p>Primary <u>Bright's Disease</u></p> <p>Immediate <u>Heart Failure</u></p> <p>Are the name, age, sex, color, date and place correctly given above? <u>Y</u></p> <p>Accident or Suicide? <u>No</u></p> </div> <div> <p>How long <u>1 yr.</u></p> <p>How long</p> <p>Signature of Physician <u>Jay H. Stier</u></p> <p>Address <u>Perryman Md</u></p> </div> </div>							





Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Cannoria		Harford		MARYLAND			
		Date of death		1908	Month 1	Day 21	Age	Years 58	Months 5	Days 16	
		Sex		female		Color or Race		white		Birth-place	
		Occupation		Home wife		Where Residing if not at place of death		Harford Md			
		Married, <del>Single</del> or <del>Widowed</del>		Name of Wife or Husband		Rbt S. Jones					
		Father's Name		Joseph Stull		Father's Birthplace		— —			
PHYSICIAN OR CORONER		Mother's Maiden Name		Julia A. Ferguson		Mother's Birthplace		— —			
		Name of person giving information		Thos Jones		How related to deceased		Son			
		CAUSES OF DEATH						(93)			
		Primary		Pneumonia		How long		One week			
		Immediate		"		How long					
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. H. E. Arthur			
						Address		Cardiff Md			
		Accident or Suicide?									



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Forest Hill</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>23</i>	Age <i>80</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Forest Hill</i>				
Married, <del>Single</del> or <del>Widowed</del>	Name of Wife or Husband <i>Michael Hahve</i>				
Father's Name <i>Patrick Haveland</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Ann McLafferty</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>Mary Hahve</i>	How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Dilatation of Heart &amp; Paralysis</i>	How long <i>4 yrs</i>
Immediate <i>Apoplexy</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. P. Smithson</i>
	Address <i>Forest Hill Ind.</i>
Accident or Suicide? <i>No</i>	

Hickory

Jan 25 1908

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

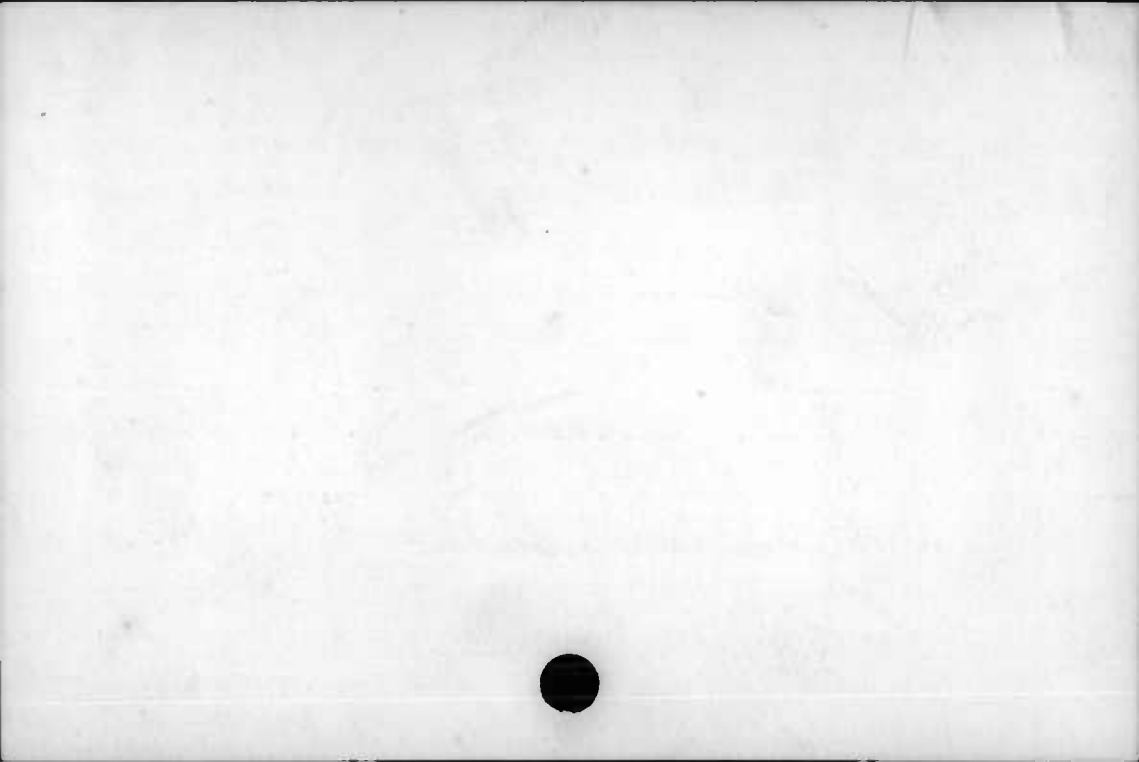
MARYLAND

Died at *Have de Grace* <sup>Town</sup> *Harford* <sup>County</sup>Date of death *190* <sup>Month</sup> *Jan.* <sup>Day</sup> *9* <sup>Years</sup> *77* <sup>Months</sup> *11* <sup>Days</sup>Sex *male* Color or Race *White* Birth-place *Germany*Occupation *Baker* Where Residing if not at place of death *Have de Grace*Married, Single or Widowed *Married* Name of Wife or Husband *Anna W. Kieferle*Father's Name *John K. Kieferle* Father's Birthplace *Germany*Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*Name of person giving information *Henry Kieferle* How related to deceased *Son*

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONERPrimary *Bright's Disease* How long *About 2 Yrs*Immediate *Heart Complications* How longAre the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *R W Smuckey M D*Address *Have de Grace*Accident or Suicide? *9*



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

Name *Not - Lancaster (Infant -)* *married*

Town *Scarf* County *Warford* MARYLAND

Died at *Scarf*

Date of death *1908* *Jan* *31st* Day *4* Age *hours* Months Days

Sex *Male* Color or Race *White* Birth-place *Scarf Md.*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *Wm. A. Lancaster* Father's Birthplace *Md.*

Mother's Maiden Name *Mamie Hanlon* Mother's Birthplace *Md.*

Name of person giving information *Geo. Lancaster* How related to deceased *Uncle*

## CAUSES OF DEATH

151

Primary

*Premature Birth*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

*Geo. W. Davis M. D.*

Address

*Pleasantville Md**Per Walker*

Accident or Suicide?





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

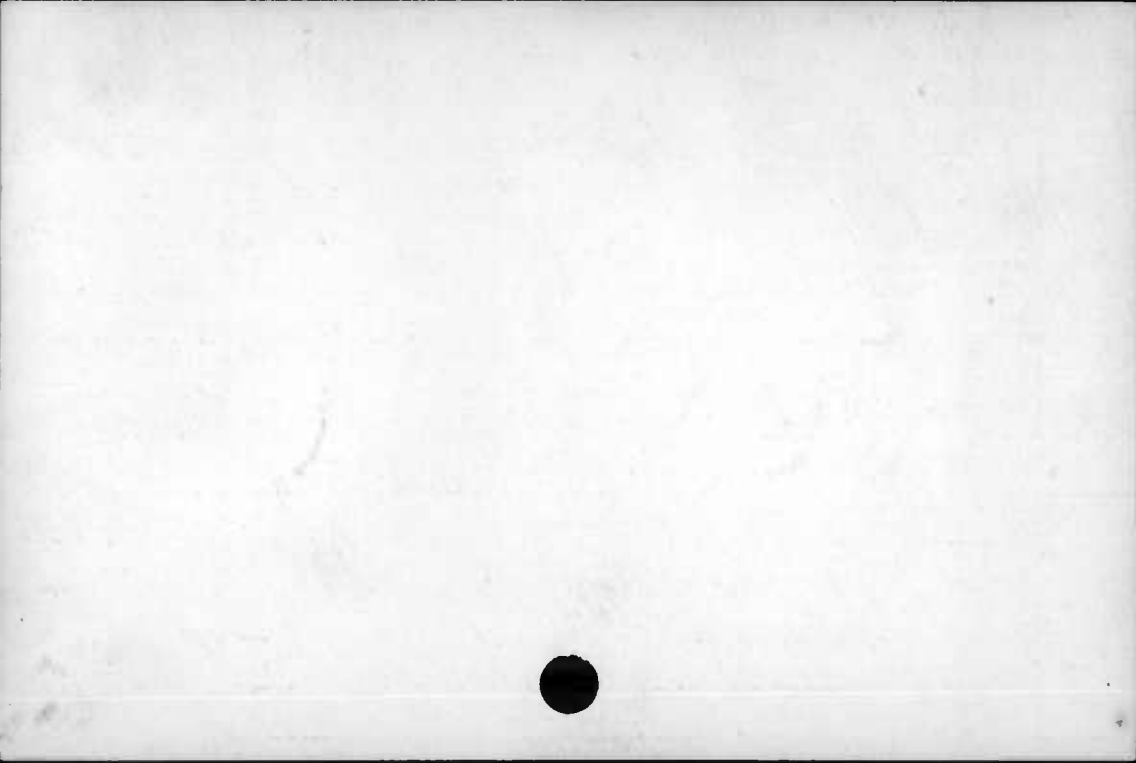
MARYLAND

Died at *Harre de Grace* Town *Harford Co* CountyDate of death *1908* Jan. *31* Day *14* Months *14* Years *—* Days *—*Sex *Male* Color or Race *Black* Birth-place *Harre de Grace*Occupation *None* Where Residing if not at place of death *" " "*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *John H. Maddox* Father's Birthplace *Baltimore*Mother's Maiden Name *Celestie Skinner* Mother's Birthplace *Harre de Grace*Name of person giving information *John H. Maddox* How related to deceased *Father*

## CAUSES OF DEATH

90

Primary *Bronchitis* How long *1 week*Immediate *Capillary Bronchitis* How long *several days*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *J. L. Hopkins*Address *Harre de Grace Md*Accident or Suicide? *Q*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bud Air</i> Town		County <i>Harford</i>		MARYLAND	
Date of death <i>1908 Jan 7</i>		Month <i>Jan</i>	Day <i>7</i>	Age <i>84 or 88</i>	Months <i></i> Days <i></i>
Sex <i>Male</i>	Color or Race <i>African</i>	Birth-place <i>Harford Co</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Bud Air</i>			
Married, Single or Widowed <i>Yes</i>	Name of Wife or Husband <i>Alvina J. Moore</i>				
Father's Name <i>John L. Moore</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Fannie Moore</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Hari Burkner</i>		How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <i>Sarile</i>	How long <i>2 wk</i>
Immediate <i>St. Louis</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Carl L. S. Swarth</i>
	Address <i>Bud Air Md</i>
Accident or Suicide? <i>9</i>	

Lahnacht

Jan 10 1908

Name  
in  
Full

## CERTIFICATE OF DEATH

Name in Full		Benjamin Rigdon		Town		Cherry Hill		County		Harford.		MARYLAND			
Died at		Date of death		Month		Day		Age		Years		Months		Days	
1908		Jan		21		87		11		19					
Sex		Male		Color or Race		White		Birth-place		Md.					
Occupation		Invalid		Where Residing if not at place of death											
Married, Single or Widowed				Name of Wife or Husband											
Father's Name		Stephen Rigdon		Father's Birthplace		Md.									
Mother's Maiden Name		Elizabeth Annos		Mother's Birthplace		Md.									
Name of person giving information		J. C. W. Brucetung		How related to deceased		Son in Law									

## CAUSES OF DEATH

154

Primary

Old age

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

B. H. Farnous  
Street

Accident or Suicide?

Md.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Emory. 1-24-08

Name  
in  
Full

Unnamed child

Robinson

CERTIFICATE OF DEATH

Town

County

Died at near Upper X Roads

Harford

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1908

Jan

9 10

Age

25

Sex

Male

Color or  
Race

White

Birth-  
place

Harford Co Md

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Charles E Robinson

Father's  
Birthplace

Harford Co Md

Mother's  
Maiden Name

Roberte Cove

Mother's  
Birthplace

" " "

Name of person giving  
In formation

C E Robinson

How related  
to deceased

Father

CAUSES OF DEATH

151

Primary

premature birth,

How long

-

Immediate

Anorexia + exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Wm. C. Newman

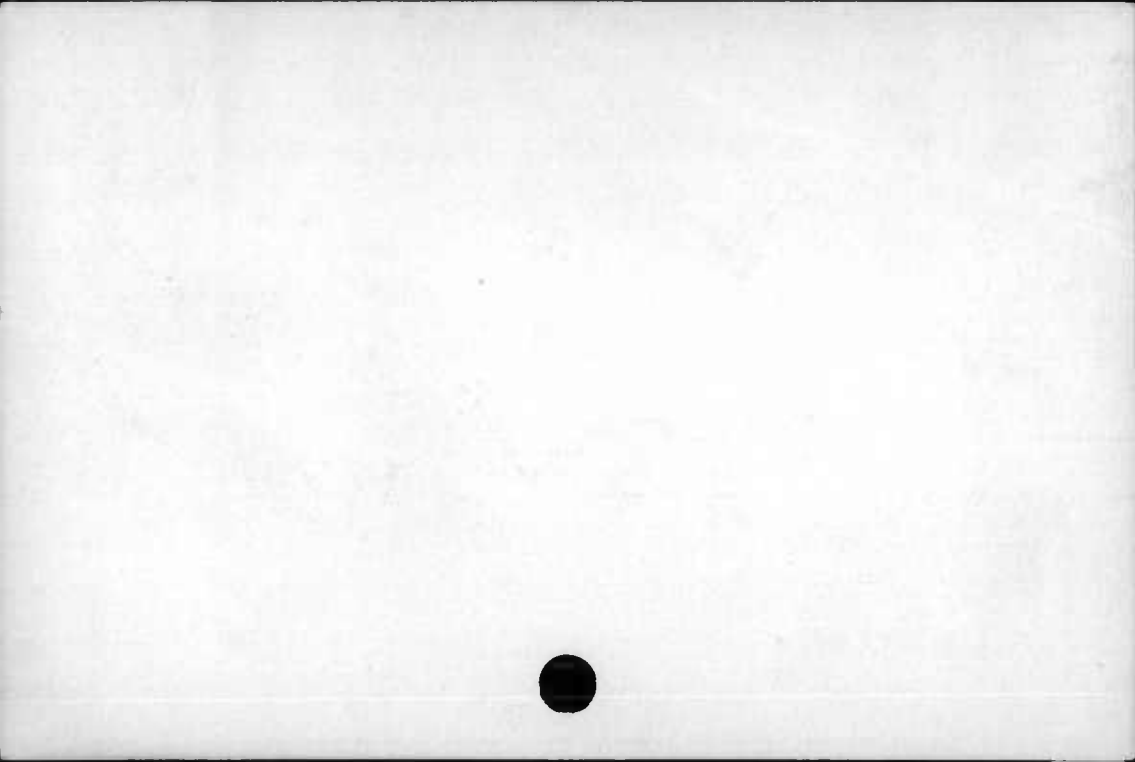
Address

Jarrettsville Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

Wes. H. Scarborough

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Macton</u> <small>Town</small>		<u>Harford</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u> <small>Year</small>	<u>Jan.</u> <small>Month</small>	<u>31</u> <small>Day</small>	<u>73</u> <small>Years</small>	<u>5</u> <small>Months</small> <u>7</u> <small>Days</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Harford Co., Md.</u>
Occupation	<u>Carpenter</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Mary E. Scarborough</u>		
Father's Name	<u>Euclidus Scarborough</u>			Father's Birthplace	<u>Harford Co., Md.</u>
Mother's Maiden Name	<u>Not known</u>			Mother's Birthplace	<u>Not known</u>
Name of person giving information	<u>Mrs Helen Scarborough</u>			How related to deceased	<u>Daughter</u>

CAUSES OF DEATH

(125)

PHYSICIAN  
OR CORONER

Primary	<u>Hypertrophied Prostate &amp; Hepatitis</u>	How long	<u>Several years.</u>
Immediate	<u>Senility</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>J. H. Tobias</u>
		Address	<u>Castleton, Md.</u>
Accident or Suicide?			

Brood Creek

Feb. 3-08

Name  
in  
Full

Benj S. Shanks

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Carsins</i> Town		<i>Stafford</i> County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>July</i>	Day	<i>14</i>
Age	<i>68</i>	Years	<i>9</i>	Months	<i>—</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Virginia</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband	<i>Susan M. Culley</i>		
Father's Name	<i>Not known</i>			Father's Birthplace	<i>Not known</i>
Mother's Maiden Name	<i>Not known</i>			Mother's Birthplace	<i>Not known</i>
Name of person giving information	<i>Mary E. Foreman</i>			How related to deceased	<i>None</i>

## CAUSES OF DEATH

179

How long

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

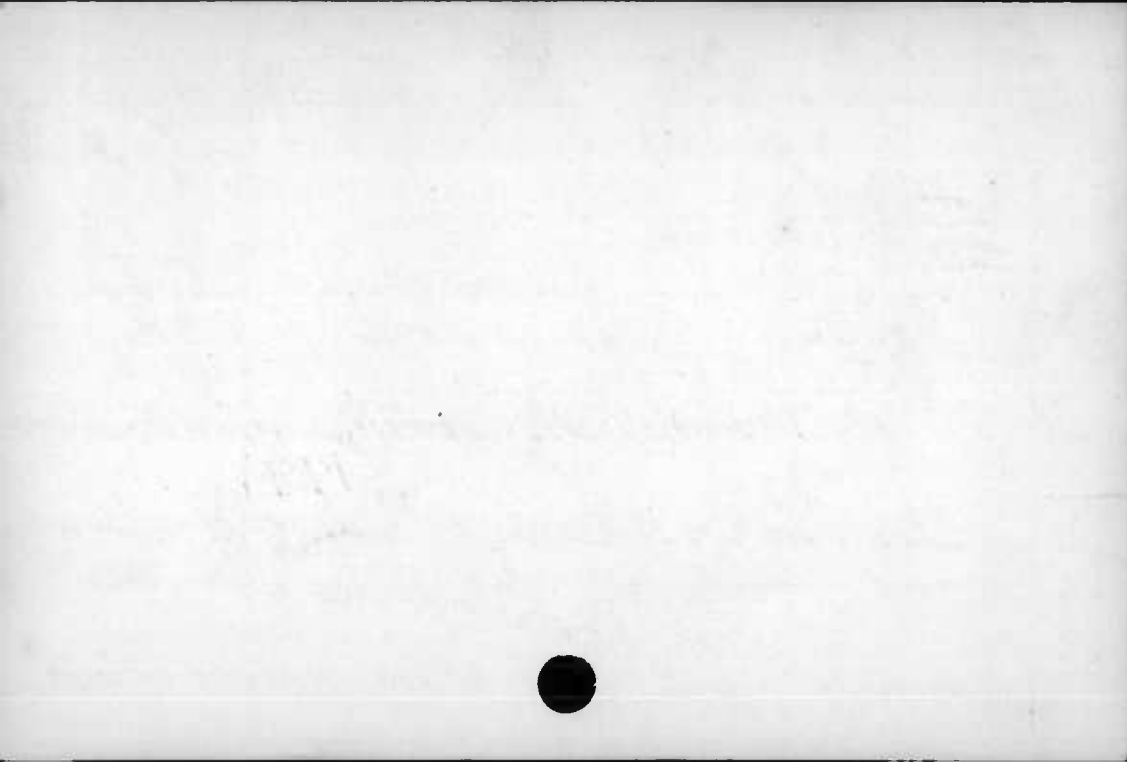
*Yes*

Signature of Physician

Address

Accident or Suicide?

How long



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Louanna J. Smithson*

Died at <i>Forest Hill</i>		<i>Harford</i>		MARYLAND	
Date of death <i>1908 Jan 21</i>	Month <i>Jan</i>	Day <i>21</i>	Age <i>55</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Forest Hill</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>John F. Smithson</i>				
Father's Name <i>James Johnson</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Martha Carsons</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>W. Elmer Johnson</i>	How related to deceased <i>Brother Law</i>				

CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary <i>Scarcia &amp; Abscess of Liver</i>	How long <i>4 mos</i>
Immediate <i>Hæmaturia</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. P. Smithson</i>
	Address <i>Forest Hill Ind.</i>
Accident or Suicide? <i>No</i>	

Gen<sup>l</sup> H

Jan 23 1908

Name  
in  
Full

Virgie Rebecca Stansbury

## CERTIFICATE OF DEATH

Died at *Level* <sup>Town</sup>*Harford* <sup>County</sup>

MARYLAND

Date  
of death *1908 Jan* <sup>Month</sup>*14* <sup>Day</sup>Age *28* <sup>Years</sup>

Months

Days

Sex *Female*Color or  
Race*col*Birth-  
place*MD*

Occupation

*Housework*Where Residing if not  
at place of death*Home*Married, Single  
or Widowed*Married*Name of Wife or  
Husband*Hermann Stansbury*Father's  
Name*Sylvester Jones*Father's  
Birthplace*MD*Mother's  
Maiden Name*Mary E Washington*Mother's  
Birthplace*MD*Name of person giving  
in information*Isaac Jones*How related  
to deceased*Brother*

## CAUSES OF DEATH

27

Primary

*Pulmonary Tuberculosis*

How long

*1 yr*

Immediate

*Exhaustion*

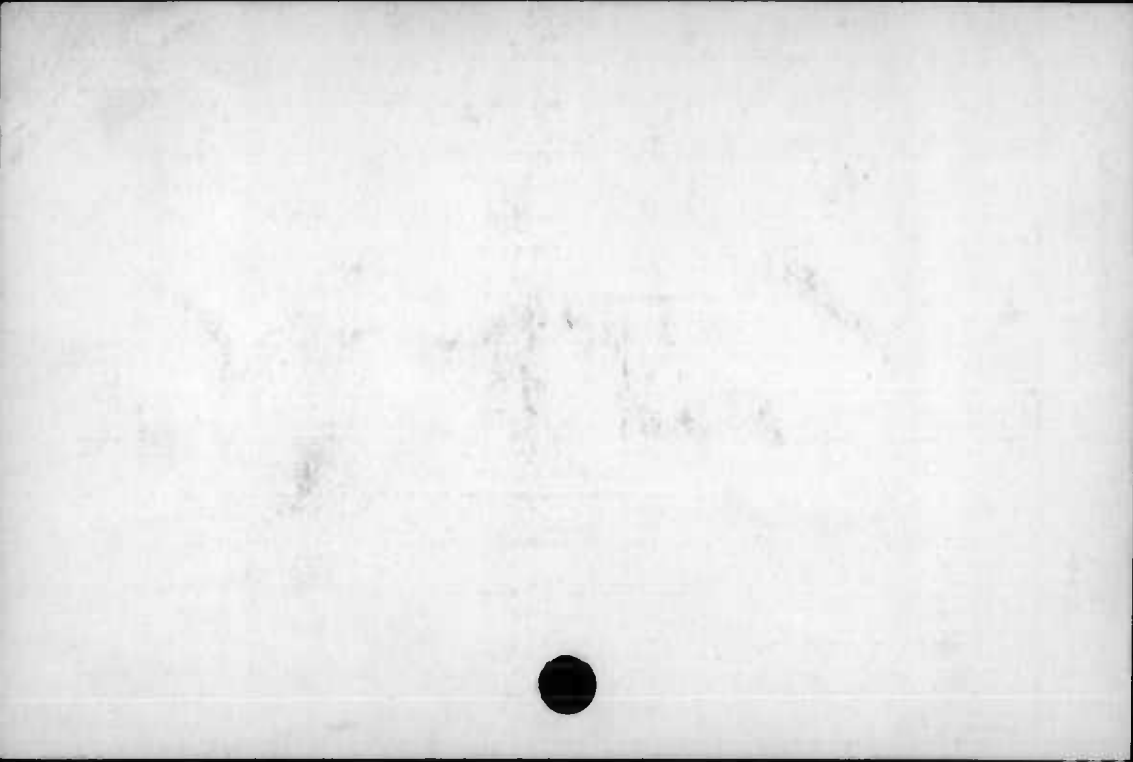
How long

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*J. Hopkins*  
*Harre de Grace*

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Augustus Stokes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

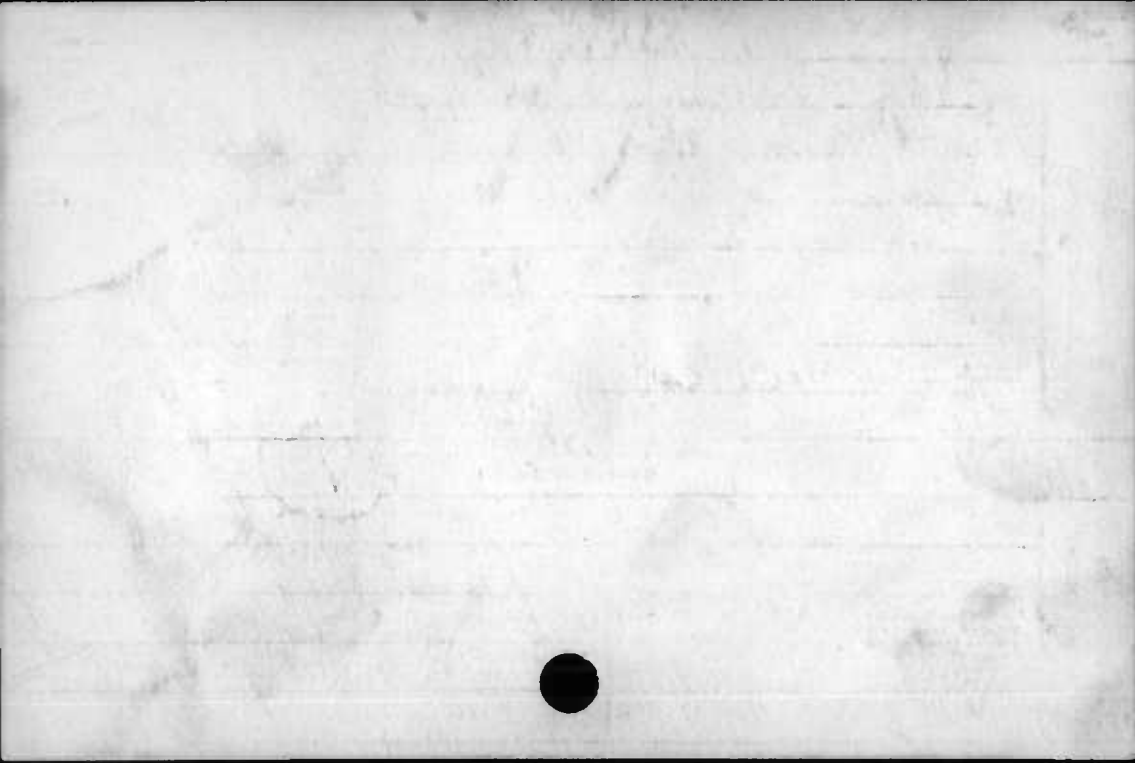
Died at		Town Perryman		County H. ayosa		MARYLAND	
Date of death		Month Jan	Day 11	Years 54	Months	Days	
Sex Male		Color or Race Black		Birth-place H. ayosa, Md.			
Occupation Laborer				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Julia Stokes					
Father's Name John Bradford		Father's Birthplace Md.					
Mother's Maiden Name Sarah Stokes		Mother's Birthplace Md.					
Name of person giving information Barack Stokes		How related to deceased Mother					

## CAUSES OF DEATH

95

PHYSICIAN  
OR CORONER

Primary	Congestion of Lungs	How long	3 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H. Olier	
		Address Perryman	
Accident or Suicide?		None	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Juliet Louise Streett</i>		Town <i>Bel Air</i>		County <i>7 Harford</i>		MARYLAND	
Died at <i>Bel Air</i>		Month <i>Jan</i>		Day <i>7</i>		Years <i>67</i>	
Date of death <i>1908</i>		Month <i>Jan</i>		Day <i>7</i>		Years <i>67</i>	
Sex <i>F</i>		Color or Race <i>W.</i>		Birth-place <i>Baltimore</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>m.</i>		Name of Wife or Husband <i>Joseph M. Streett</i>					
Father's Name <i>George O. Gower</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Juliet Evans</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Mrs. W. J. Price Jr</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

54

PHYSICIAN  
OR CORONER

Primary <i>Progressive Pernicious Anaemia</i>		How long <i>1 year</i>	
Immediate <i>Exhaustion</i>		How long <i>4 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Robert S. Page</i>	
<i>[Signature]</i>		Address <i>Bel Air</i>	
Accident or Suicide? <i>No</i>			

Rock Spring

Jan 18 1908

Name  
in  
Full

Laurie Whittier

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Whiteford <sup>Town</sup> Hopford <sup>County</sup> MARYLAND

Date of death 1908 <sup>Month</sup> 1 <sup>Day</sup> 18 Age 16 <sup>Years</sup> 1 <sup>Months</sup> 12 <sup>Days</sup>

Sex Female Color or Race White Birth-place Ba

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Single  
Widowed

Name of Wife or  
Husband \_\_\_\_\_Father's  
Name

Laurie Whittier

Father's  
Birthplace

Ba

Mother's  
Maiden Name

Clara Atkins

Mother's  
Birthplace

Md

Name of person giving  
Information

Robt Atkins

How related  
to deceased

Uncle

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary

Immediate pneumonia

How long

210 hrs.

Primary. Child has been an invalid all life

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Robt Darren Rappaport

Address

Deer York City

Signature of Coroner?

